

Adjustment date: 11/24/2010 CKHLOK
~~10/15/2010 INTEFSW 00008210 031952~~
 02 FC:1253 1110.00 CR

sd-534879

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>11/12/10</u>		2 Serial/Patent # <u>11/537,719</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time	XT/	10/14/10	\$ 1,110.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 1,110.00							
			8 TO BE REFUNDED BY:									
			Treasury Check									
			<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
			9	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">2</td> </tr> </table>		0	3	--	1	9	5	2
0	3	--	1	9	5	2						
10 REASON:												
	Overpayment											
	Duplicate Payment											
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
EXTENSION OF TIME FILED OUTSIDE MAXIMUM EXTENDABLE PERIOD.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>April M. Wise</u>		TITLE: <u>Petitions Examiner</u>										
SIGNATURE: <u>/APRILMWISE/</u>		PHONE: <u>571-272-1642</u>										
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u></u>		DATE: <u>11/24/10</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**